

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

FOR DEM USE ONLY

Date _____

Check No. _____

Amt. Received _____

APPLICATION
FOR
EXAMINATION AND LICENSE TO INSTALL, CONSTRUCT, ALTER OR REPAIR
INDIVIDUAL SEWAGE DISPOSAL SYSTEMS

INSTRUCTIONS: Please type or print in ink. Answer all questions.

1. GENERAL INFORMATION

Social Security No. _____ D.O.B. ____/____/____

Last Name First Name MI

Legal Mailing Address

City/town State Zip

Telephone (____) _____

Licenses are non-transferable.

Attach unmounted recognizable photograph in this space with face not more than 1 inch or less than ¾ inches wide. Photo taken not more than six months prior to filling application is required:

Approximately how many hours per week will you devote to installing sewage disposal systems?

2. REFERENCES AS TO QUALIFICATIONS

Applicant shall list the names and addresses of three persons, unrelated to him/her, having knowledge of the applicant's technical background and relevant qualifications:

NAME	ADDRESS
1) _____	_____
2) _____	_____
3) _____	_____

3. EDUCATION

Name and location of Schools Attended	Years	From/To	Date Graduated	Course Degree/Certification

4. (a) Do you have the ability to use an engineer's level or transit? Yes _____ No _____

(b) Do you possess an engineer's level or transit? Yes _____ No _____

If Yes, please indicate: Manufacturer _____ Model No. _____

5. Have you ever possessed an installer's license which was revoked or suspended or which has expired?
Yes _____ No _____
If Yes, please give date of revocation, suspension or expiration _____.

6. APPLICATION FEE

Application fee is \$55.00.

Send check or money order payable to GENERAL TREASURER, STATE OF RHODE ISLAND
(DO NOT SEND CASH) and completed application to:

Department of Environmental Management
Office of Management Services
235 Promenade Street
Providence, RI 02908-5767

Upon passing the examination a license will be issued effective January 1, 2006 and will expire on December 31, 2006. If an installer's license is not renewed prior to December 31, 2006 a new application and application fee will be required.

7. PRE EXAMINATION TRAINING

An information and pre-examination training session will be incorporated into the URI Onsite Wastewater Training Center's "Conventional Onsite Wastewater Treatment Basics" course (OWT 100). The course is scheduled for September 8, 2005 from 8 AM to 4:30 PM. The course registration fee is \$135. For your convenience, a **registration form** is attached to this application from. *You must follow the instructions on course registration form as this is not a DEM course and DEM is not processing registration for the course.*

Do you plan to attend: Yes _____ No _____

8. EXAMINATION DATE

The examination date for the next installers' examination has been set for:

Thursday, September 15, 2005, from 9:00 AM until Noon
Department of Environmental Management
235 Promenade Street, Room 300
Providence, RI 02908-5767

9. AFFIDAVIT

The Applicant, by this application agrees to perform all construction in accordance with the provisions of SD RULES AND REGULATIONS ESTABLISHING MINIMUM STANDARDS RELATING TO LOCATION, DESIGN, CONSTRUCTION AND MAINTENANCE OF INDIVIDUAL SEWAGE DISPOSAL SYSTEMS, as amended, and RIGL 5-56, whichever is more stringent and to cease construction and notify the Department should the site information on the approved plan be incorrect.

I, the undersigned Applicant, hereby declare under the penalty of perjury that all statements made on this application and in support thereof are true and complete to the best of my knowledge and belief; that this application is made in compliance with the laws, rules, and regulations of the State of Rhode Island.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary

My Commission expires _____, 20____.

(SEAL)